

STANDARD CERTIFICATE OF DEATH

 15311
 State File No.

FILED JUN 14 1955

BIRTH NO.		REG. DIST. NO. 147		PRIMARY REG. DIST. NO. 3025		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) West Plains, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION West Plains Rest Home				d. STREET ADDRESS (If rural, give location) 919 Grace Avenue			
3. NAME OF DECEASED (Type or Print) DAVID		a. (First)		b. (Middle) ALEXANDER		c. (Last) BRIXEY	
4. DATE OF DEATH		(Month) June		(Day) 3,		(Year) 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 7, 1881	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Construction		11. BIRTHPLACE (State or foreign country) Olden, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY Howell County		13a. FATHER'S NAME Oliver Henderson Brixey		13b. MOTHER'S MAIDEN NAME S. Adeline Weatherford		14. NAME OF HUSBAND OR WIFE Hattie Ann Fine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dorman Brixey, West Plains, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Hypertension, Essential II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 391 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAR 3, 1953 , to JUNE 3, 1955 , that I last saw the deceased alive on JUNE 3, 1955 , and that death occurred at 11: p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jack N. Wiles, M.D.				23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 6-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) Mo. (State) Howell Co, Dry Crk. Twp.	
DATE REC'D BY LOCAL REG. 6-8-55		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thompson		ADDRESS Plains, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.